AO83 (Rev. 12/85) Summons in a Criminal Case

UNITED STATES DISTRICT COURT

DISTRICT OF DELAWARE

UNITED STATES OF AMERICA
V.
MICHAEL FORD

SUMMONS IN A CRIMINAL CASE

Case Number: 07-13-06-SLR

(

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

Place	Room
J. Caleb Boggs Federal Building **844 North King Street** **Wilmington, Delaware 19801**	**Courtroom #2B, 2ND Floor**
Before: Honorable Mary Pat Thynge, United States Magistrate Judge	Date and Time 5/22/2008 @ 1:00pm

** **Please report to the U.S. Marshal's in Rm #100 by 12:00 PM**

To answer a(n)

☐ Indictment ☐ Information ☐ Complaint ☐ Violation Notice X Probation Violation Petition

Charging you with a violation of Title ____________ United States Code, Section(s) ____________

Brief description of offense:

A VIOLATION OF SUPERVISED RELEASE

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2008 MAY 16 AM 10: 06

[signature] Deputy clerk
Signature of Issuing Officer

5/13/2008 at Wilmington, DE
Date

Peter T. Dalleo; Clerk of Court
Name and Title of Issuing Officer

AO83 (Rev. 12/85) Summons in a Criminal Case

RETURN OF SERVICE

Service was made by me[1] Date

Check one box below to indicate appropriate method of service

☒ Served personally upon the defendant at: cert mail 5/14/08

☐ Left summons at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein and mailed a copy of the summons to the defendant's last known address. Name of person with whom the summons was

☐ Returned unexecuted:

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service is true and correct.

Returned 5-15-08
Date

D W Thomas
Name of United States Marshal

(signature)
(by) Deputy United States Marshal

Remarks:

[1] As to who may serve a summons, see Rule 4 of the Federal Rules of Criminal Procedure.

07CR 13-6 SLR

7007 0710 0004 7875 7750

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Michael Ford

Street, Apt. No.; or PO Box No.

City, State, ZIP+4: New Castle DE 19720

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael Ford

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 5/14/08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED 08 MAY 15

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7007 0710 0004 7875 7750

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540